

Medical Release Form - Elliott Session

This form MUST be emailed to melissa@campbandina.org or mailed to Camp Bandina, 2960 Auburn Woods Dr. Pearland, TX 77581 prior to camp deadline.

Name of Camper _____ Date of Birth ____/____/____

Address: _____
Street and number _____ City _____ State _____ Zip _____

Parent or Guardian's Name: _____

Address (if different from above) _____

Home # _____ Cell #: _____

* Do you have medication or food allergies? _____ If yes, what? _____
Please describe reactions? (i.e. rash/difficulty breathing . . .) _____

* Do you have permission to take *non-prescription* medication? (i.e. Tylenol, Benadryl, etc.) Y N

**Parent, please sign giving permission for camp nurse to administer: _____

Past Medical History: Please answer yes or no to each, explain on separate sheet if necessary.

- a. Heart problems _____ b. Kidney or bladder problems _____
- c. Lung (i.e. asthma) _____ d. Neurological or mental _____
- e. Diabetes or thyroid _____ f. Stomach/intestine/liver _____
- g. Other _____

Have you had surgery within the last year? Y N
If yes, please describe: _____

Will you have medicine with you? _____ If yes, please list all prescription and non-prescription medications you will bring to camp. NOTE: All medications, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp. List on back of sheet if necessary.

| Name of Med. | Strength (mg) | Time to be taken | Reason for med. |
|--------------|---------------|------------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

*Have you had a tetanus shot within the last six months? Y N *Have you had or been immunized for:
Measles _____ Mumps _____ Chicken Pox _____ Diphtheria _____ Whooping Cough _____ Other _____

**SIGNATURES REQUIRED FOR CAMP ATTENDANCE:

I/We hereby **do/do not give** permission for the director and/or camp nursing staff to take _____ to the hospital or to see a doctor in case of accident or sickness and to receive medical treatment as prescribed by an attending physician. I/We also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/We understand the youth camp will not be held responsible for this camper, and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ Date ____/____/____

I/We **do/do not give** permission for _____ to swim while at camp. In case of an accident I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating physicians. I/we also agree to never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ Date ____/____/____